

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

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1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: web@dsps.wi.gov

Website: http://dsps.wi.gov

## HEARING AND SPEECH EXAMINING BOARD

### APPLICATION FOR HEARING INSTRUMENT SPECIALISTS LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐

Your name and address are available to the public.

Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name

First Name

MI

Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

Daytime Telephone Number

month

day

year

( ) -

Ethnic/gender status  
information is optional.

Sex:

☐ M

☐ F

Ethnic:

☐ White, not of Hispanic origin

☐ Black, not of Hispanic origin

☐ Hispanic

☐ American Indian or Alaskan

☐ Asian or Pacific Islander

☐ Other

Have you ever held a license/credential in the state of Wisconsin?

\_\_\_\_ Yes \_\_\_\_ No (please indicate)

If yes, provide your Wisconsin license/credential number.

The hearing instrument specialist license expires on 1/31 of the (even or odd)-numbered year. It may be renewed for a two year period at that time.

School Name:

School Address:

(City)

(State)

Date Diploma Granted:

month/day/year

Degree:

Specialty:

#### BOARD OFFICE USE ONLY

Temporary Permit Requested: \_\_\_\_ Yes \_\_\_\_ No

APPLICATION FEES: (Make one check payable to DSPS for the total DSPS fee and attach to this application)

For Receipting Use Only

#### Written & Practical Examination

\$ 266.00 Practical Examination Fee

\$ 75.00 Initial Credential Fee

\$ 75.00 State Law Exam Fee

\$ 416.00 Total Fee Attached

#### TEMPORARY TRAINEE PERMIT (Exam candidates only)

\$ 10.00 Is required in addition to the above fee (non-refundable)

#### LICENSURE BY RECIPROCITY (North Dakota or Texas only)

\$ 170.00 Reciprocal Initial Credential Fee Attached

# Wisconsin Department of Safety and Professional Services

## APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Addendum to Application Form (Form # 2380).

Copies of malpractice suit(s).

Copy of High School diploma or documentation of higher educational degree.

Fee(s) attached to this application.

Letters from all State Boards where licensed (includes active and inactive licenses).

**PRACTICE:** Account for all activities and practice from date of graduation to the present time. **Must include professional and nonprofessional activities. ALL time and dates must be accounted for.**

	<u>LOCATION</u> City/State	<u>DATES (from - to)</u> mo/yr	<u># of Hrs</u> <u>Per Week</u>	<u>Job Titles</u> <u>Duties</u>
1.				
2.				
3.				
4.				

**EDUCATION:** Attach documentation of completion of high school education or equivalency. (Letter or transcript from high school, photocopy of high school transcript or diploma, G.E.D., or higher educational degree.)

SCHOOL ATTENDED	LOCATION City/State	DATES ATTENDED (from - to) mo/yr	DEGREE EARNED	SEMESTER HRS. CREDIT
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High School

College or University

Technical School or Other

### Temporary permits are granted for one year.

(You must have taken and passed the practical examination prior to the expiration of your permit.)

This permit allows you the option to gain experience prior to taking the practical examination which is given on a quarterly basis. Indicate below the month you would prefer to be scheduled for this exam.

(Month)

**HAVE YOU EVER BEEN A CREDENTIALLED HEARING INSTRUMENT SPECIALIST IN ANOTHER STATE?**

\_\_\_\_ YES \_\_\_\_ NO If yes, in what states? \_\_\_\_\_

**YOU ARE REQUIRED TO HAVE EACH STATE BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALLED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN HEARING AND SPEECH EXAMINING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS. THESE LETTERS WILL BE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR LICENSURE.**

# Wisconsin Department of Safety and Professional Services

## **ANSWER THE FOLLOWING QUESTIONS:** (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	<input type="checkbox"/>	<input type="checkbox"/>

# Wisconsin Department of Safety and Professional Services

## CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

\_\_\_\_\_ a citizen or national of the United States, or

\_\_\_\_\_ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

## ALL APPLICANTS MUST COMPLETE THIS SECTION

### AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

**I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

(Applicant name)

\_\_\_\_\_  
Signature of Notary Public

**S E A L**

\_\_\_\_\_  
Date Commission Expires

**Wisconsin Department of Safety and Professional Services**

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

**(Please Print)**

**First Name****Middle Initial**

**Last Name**

## Profession

Date of Birth

month

day

year

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

**EMAIL ADDRESS:**

**Do you have an email address?**

☐ Yes

☐ **No**

**If yes**, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

**EMAIL ADDRESS:** Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

**If no**, your checklist will be sent by first class mail.

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.